PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

(CUL)		5 no persons are required to	espond to a conectio				
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known				
•			Application Nur	nber 10	/626,785		
		SMITTAL	Filing Date	Jul	y 24, 2003		
Fo	or FY 2	<b>:</b> 005	First Named Inv	ventor Mi	chael Lebner		
Applicant claims sma	all entity statu		Examiner Name	e Da	rwin P. Erezo		
		5. See 37 CFR 1.27	Art Unit	37	31		
OTAL AMOUNT OF PA	YMENT. (\$	910.00	Attorney Docke	t No. 01	56-2006US01		
ETHOD OF PAYME	NT (check a	ll that apply)					
Check Credit	Card	Money Order No	one Other (	please identif	·y):		
Deposit Account Deposit Account Number: 500282 Deposit Account Name: Pierce Atwood LLP							
For the above-ider	itified deposit	account, the Director is he	ereby authorized to	o: (check all	that apply)		
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1,16 and 1,17							
ARNING: Information on the formation and authorization	nis form may b	pecome public. Credit card in	nformation should n	ot be include	ed on this form. Pro	vide credit card	
FEE CALCULATION	11 011 F 10-203	ь.			<del></del>		
<del> </del>	5011 4115	EVALUATION SEED	<del> </del>		<u>.</u>	-	
BASIC FILING, SEA	RCH, AND FILING	EXAMINATION FEES	RCH FEES	EYAMIN	ATION FEES		
		Small Entity	Small Entity	LAMIN	Small Entity		
Application Type	<u>Fee (\$)</u>	Fee (\$) Fee (	\$) Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)	
Utility	300	150 500	250	200	100		
Design	200	100 100	50	130	65		
Plant	200	100 300	150	160	80		
Reissue	300	150 500	250	600	300		
Provisional	200	100 0	0	0	0		
EXCESS CLAIM FE	ES					Small Entity	
Fee Description  Fach claim over 20	(including I	Reissues)			<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claims					360	180	
Total Claims	Extra Clai	ims Fee (\$) Fe	ee Paid (\$)		Multiple Dep	endent Claims	
- 20 or HP =	:	x= _			Fee (\$)	Fee Paid (\$)	
HP = highest number of tot	•	• •				_	
Indep. Claims	Extra Clai		e Paid (\$)				
-3 or HP =	ependent claim	ns paid for, if greater than 3.	<del></del>				
. APPLICATION SIZE	FEE						
If the specification an	d drawings	exceed 100 sheets of pa					
		), the application size f			nall entity) for e	ach additional 50	
sheets or fraction	thereof. See	e 35 U.S.C. 41(a)(1)(G)	and 37 CFR 1.1	16(s).			

SUBMITTED BY								
Signature	401 torree	Registration No. (Attorney/Agent) 35,505	Telephone 603-433-6300					
Name (Print/Type)	KEVIN M. FARRELL		Date 11/27/04					

Number of each additional 50 or fraction thereof

\_\_ (round up to a whole number) x

Fee (\$)

Fee Paid (\$)

Fees Paid (\$)

910.00

**Total Sheets** 

4. OTHER FEE(S)

- 100 =

Extra Sheets

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE and Petition for One-Month Extension of Time

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.